



Last Updated: 03/09/2022

Updates and Clarification of the Inpatient Prior Authorization Process for Inpatient Acute Care Services

The purpose of this memorandum is to provide periodic updates and clarification for the prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO). This memorandum is one in a series of updates that will assist providers in obtaining PA-related information that will expedite the review process. We understand that some providers may still be experiencing delays, however, we are seeing progress in the correct submission of PAs by providers and in the number of PAs being processed by KePRO. We appreciate the provider input and suggestions given to us which have helped facilitate a greater understanding of providers' needs. We ask for your patience and understanding during this transition as we continue to improve upon the current process.

Timely Filing Requirements

Beginning January 1, 2007, timely submission for requests will again be applied and determinations will be made based on timeliness. DMAS had extended the relaxed requirement of timely submission for PA requests through December 31, 2006. Regardless of dates of service, timeliness applies for requests received at KePRO for Inpatient (Intensive) Rehab that date back to June 5, 2006 and for Inpatient Acute and Inpatient Psychiatric admissions received at KePRO that date back to June 12, 2006. Please refer to DMAS' *Hospital Manual, Physician's Manual* and regulations regarding timely submission for PA.

Helpful Submission Tips for Quickest Processing

Following are additional tips to expedite the processing of your request.



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- If you have a question or concern regarding a specific case and know the case ID number, sending an e-mail to providerissues@kepro.org is an option, as outlined below in the Resource Information Section of this memorandum. Please refrain from sending Protected Health Information (PHI) over the internet unless it is secure and encrypted.
- Whenever possible and practical, please fax one case at a time. When multiple faxes are submitted at one time through the fax machine, pages sometimes are skipped and KePRO does not receive all the information needed.
- When submitting requests for inpatient services, be sure you are checking the appropriate PA Service Type in iEXCHANGE or on the DMAS 362 (Inpatient Prior Authorization Request form). PA Service Type 0400 is for Acute Inpatient and requires a med/surg diagnostic code. PA Service Type 0401 is for Inpatient Psychiatric admission and requires a psychiatric diagnostic code.
- To prevent illegible receipt of information with requests, providers are encouraged to use the editable versions of the DMAS 362 (Inpatient Prior Authorization Request Form) for submission of your inpatient request. This form and instructions for use are located under “forms” on KePRO’s website <http://dmas.kepro.org> and at www.dmas.virginia.gov under Prior Authorization.
- In order for retro Inpatient Acute and retro Inpatient Psych cases be processed as quickly as possible, providers need to choose the Review Type “Retro” in iEXCHANGE and on the DMAS 362 (Inpatient Prior Authorization Request Form).
- Please remember the timeliness issue as it relates to the Dec. 31, 2006 deadline. Providers that initially submit demographics must submit clinical information within 1 (one) business day after demographics are submitted. Starting January 1, 2007 KePRO will uphold the denials for timeliness if clinical information is not submitted within 1 (one) business day.



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- Please remember to click on “submit” in order for input into iEXCHANGE be saved and recorded; if the provider fails to click on “submit”, the information will not show up in iEXCHANGE for the clinical reviewer.

Resource Information

- Use the DMAS 362 (Inpatient Prior Authorization Request form) for submission of your inpatient request. This form and instructions for use are located under “forms” on KePRO’s website <http://dmas.kepro.org> or at www.dmas.virginia.gov/pr-prior_authorization.htm.
- Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to providerissues@kepro.org or PAUR06@dmas.virginia.gov. Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.
- All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 if you are located out-of- state or 804-786-6273 if you are located in Richmond.



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KePRO Contact Information

You may contact KePRO through the following methods:

iEXCHANGE:

<http://dmas.kepro.org/>

Toll Free Phone: 1-888-VAPAUTH (1-888-827- 2884)

Local Phone: (804) 622-8900

Fax: 1-877-OKBYFAX
(1-877-652-9329)

Mail: 2810 N. Parham Road,
Suite 305, Richmond, VA 23294

Provider Issues:

ProviderIssues@kepro.org

DMAS and KePRO

Website Resources *The following resources are available on the DMAS and KePRO websites:*

1. iEXCHANGE Registration information
2. ICD9 diagnosis codes, outpatient rehab and home health revenue codes, and radiological scan procedure codes
3. Recent PA provider training presentations
4. Prior Medicaid Memos
5. PA Fax Request Forms and Instructions
6. PA Reference Guides
7. KePRO "Insider" Provider newsletter

Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

❌ COPIES OF MANUALS

❌ DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current



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provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.